



BELMONT POLICE DEPARTMENT

Greg A. Janke, Chief of Police

Traffic Collision – Counter Report

This report is for the documentation of non-injury traffic collisions where the party or parties are no longer at the scene of the collision. This report is to be filled out by you. Before completing this form, please read the following instructions. This report is not sent to DMW or the State of California, it is kept only on file with this department. Copies are available for the involved parties and/or their insurance companies.

Do not fill out this report if:

1. The collision resulted in an injury;
2. The collision did not occur in Belmont; or,
3. The collision has already been reported to this or any other law enforcement agency.

If the damage to either vehicle is over \$500.00 you will need to file a SR-1 form with DMW within ten (10) days of the collision. These forms are available at the DMV.

Instructions

(Please fill out the attached report form as follows)

- **Report Number** – Do not fill in this box. We will assign the report a file number when it is completed.
- **Location of Collision** – Enter the location of the accident (example: Ralston Avenue at El Camino, 1200 block of Ralston Avenue, etc.).
- **Date/Time** – The day and time the collision occurred.
- **Party 1** – Put your information here (i.e. name, address, driver license, etc.).
- **Vehicle 1** – Enter the information about the vehicle you were driving.
- **Damaged Areas** – Shade in the areas on the diagram to show where the vehicle was damaged. The arrow indicates the front of the vehicle. Briefly describe the damage in the box next to the diagram.
- **Party 2** – Put the information of the other driver in this box.
- **Vehicle 2** – Enter the information about the other vehicle.
- **Damaged Areas** - Shade in the areas on the diagram to show where the other vehicle was damaged. The arrow indicates the front of the vehicle. Briefly describe the damage in the box next to the diagram.
- **Narrative** – Write a brief account of what happened.
- **Sketch** – Draw a diagram of what happened.
- **Completed By** – Be sure to sign your name.
- **Date** – Be sure to enter today's date.

When the form is completed you may:

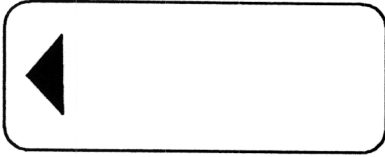
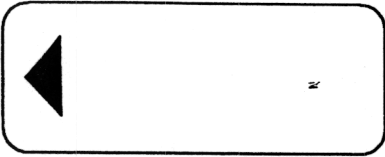
1. Mail the form to: Belmont Police Department, Attn: Records, 1215 Ralston Avenue, Belmont, CA 94002; or,
2. Bring it to the police department at the address listed above.

If you have any questions, please contact the Belmont Police Department at 650-595-7400.



BELMONT POLICE DEPARTMENT - TRAFFIC UNIT

TRAFFIC COLLISION COUNTER REPORT FORM

										REPORT NUMBER:							
LOCATION OF COLLISION:										DATE:		TIME:					
PARTY 1		NAME (FIRST, MIDDLE, LAST):								DRIVER'S LICENSE NUMBER:			STATE:				
STREET ADDRESS:										CITY, STATE, ZIP:							
HOME PHONE:				WORK PHONE:				OTHER PHONE:				WEARING SEATBELT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
SEX:		HEIGHT:		WEIGHT:		RACE:		HAIR:		EYES:		DOB:		INSURANCE CO.:		POLICY NUMBER:	
VEHICLE 1		YEAR:		MAKE/MODEL:				COLOR:		LICENSE PLATE NUMBER:				STATE:			
SHADE DAMAGED AREA OF VEHICLE: 						BRIEFLY DESCRIBE DAMAGE TO VEHICLE:											
PARTY 2		NAME (FIRST, MIDDLE, LAST):								DRIVER'S LICENSE NUMBER:			STATE:				
STREET ADDRESS:										CITY, STATE, ZIP:							
HOME PHONE:				WORK PHONE:				OTHER PHONE:				WEARING SEATBELT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
SEX:		HEIGHT:		WEIGHT:		RACE:		HAIR:		EYES:		DOB:		INSURANCE CO.:		POLICY NUMBER:	
VEHICLE 2		YEAR:		MAKE/MODEL:				COLOR:		LICENSE PLATE NUMBER:				STATE:			
SHADE DAMAGED AREA OF VEHICLE: 						BRIEFLY DESCRIBE DAMAGE TO VEHICLE:											

NARRATIVE: (PLEASE WRITE A BRIEF ACCOUNT OF HOW THE COLLISION OCCURRED. USE ADDITIONAL PAPER AS NECESSARY.)

SKETCH:		

DATE: